

# Physician Medical Emergency Affidavit Pain-Capable Unborn Child Protection Act

## Physician Medical Emergency Statement:

I, \_\_\_\_\_, have presented to me a pregnant unemancipated, minor \_\_\_\_\_,  
*(Physician name)* *(Minor name)*

and that I have examined the minor, reviewed the medical records and certify that a medical emergency exists.

\_\_\_\_\_  
*Signature of Attending Physician*

Date: \_\_\_\_\_, 20\_\_\_\_\_.

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## Physician Certificate of Mailing:

I, \_\_\_\_\_, here by certify that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ that I sent by  
*(Physician name)* *(day)* *(Month)* *(Year)*

certified mail restricted delivery a true and correct copy of this physician medical emergency affidavit to:

\_\_\_\_\_  
*(Parent name)*

\_\_\_\_\_  
*Signature of Physician*

Date: \_\_\_\_\_, 20\_\_\_\_\_.